



Bridging Refugee Youth & Children's Services

Organization Information

Please enter information as you would like it to appear in the Clearinghouse. If you need to keep something confidential, leave that area blank.

Please fill each field out with as much information as possible. The text area for fields will hold as much information as you wish to provide. Some text areas will scroll sideways and some will scroll up and down. You can check what you have written by using the scroll bar next to the text area or by placing your cursor inside the text box and scrolling over the text using the directional keys on your keyboard.

Organization Name (Required - Please do not abbreviate.)

Organization Address

Organization Contact /Title (Name optional)

Telephone Number

FAX Number

Email Address

Website

Organization Type (please check as many as apply)

Mutual Assistance Association (MAA)/Ethnic Community-Based Organization (ECBO)

Are you affiliated with a national ethnic organization? Yes No
If yes, which one?

National ethnic organization

Refugee resettlement agency

If you represent a local resettlement agency, with which national resettlement agency are you affiliated?

Local (Please check the box for your national agency below)

National

Church World Service (CWS)

Ethiopian Community Development Council (ECDC)

Episcopal Migration Ministries (EMM)

Hebrew Immigrant Aid Society (HIAS)

Immigration & Refugee Services of America (IRSA)

International Rescue Committee (IRC)

Iowa's Bureau of Refugee Programs

Lutheran Immigration & Refugee Service (LIRS)

U.S. Conference of Catholic Bishops/Migration & Refugee Services (USCCB/MRS)

World Relief Refugee Services (WRRS)

Child welfare agency - local state federal/national

Government agency - local state federal

Neighborhood-based organization

Social services organization

Other

Description of Organization - Please provide us with some information about your organization. For example: your mission, special training your agency provides, and any additional information you want to include, up to 200 words. Keep in mind, not all readers will be familiar with refugee resettlement or child services - please be clear, and avoid jargon.

Geographic Areas Served by the Organization:

Populations Served:

Collaborations/Partnerships (Regarding child, youth and family issues.)

Languages Spoken by Staff or Provided for:

Organization Program Areas: (Check any child-, youth-, parent- or family-focused programs, activities, services, etc., that your organization offers.)

- After-school programs
- Child care
- College preparatory assistance
- Community outreach/education
- Cultural awareness classes/activities
- ESL classes for youth and/or children
- Family, youth or child-oriented cultural orientation
- Intergenerational activities
- Job training/placement for youth under 18
- Mental health programs for youth and/or children
- Mentoring
- Parenting classes
- Preschool programs
- School-age children's programs
- School liaison program
- Services for children with special needs
- Social or recreational activities
- Support groups
- Teen programs
- Tutoring
- U.S. child welfare/juvenile justice system education
- Other

Information Submitted By (Required) : (Please include your name and an email or telephone number where you can be reached if we have questions)

Clicking the **Submit Form** button will link you to the **Program Description** form. On that form, please input the name of your organization in the area provided, as submitted on this form.

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